

Protocol for Review of Behavioral Add-Ons

The following process will be used for review of an application for authorization of a Behavioral Add-Ons as defined in the Maine Care Benefits Manual, Section 21, and Appendix 1.

The Behavioral Add-Ons Review Committee will consist of two representatives from the Central Office of Developmental Services and the four regional Team Leaders or their designees. This committee will meet twice a month on the second and fourth Tuesdays of each month unless otherwise changed by the Director of the Office of Adults with Cognitive and Physical Disability Services.

The following material is required for review:

1. The Person Centered Plan which includes:
 - a. Attendance Sheet showing attendance by person/guardian, case manager, and representatives from all areas where behavior plans will be implemented.
 - b. The plan must outline the desired outcome of the behavioral plan,
 - c. The plan must have a transition plan with key objectives identified to move from the behavioral plan with projected time frames.
2. The Behavior Plan which includes:
 - a. The plan must be developed/reviewed and/or approved by a licensed Psychologist or Psychiatrist. For any behavioral plan written by someone other than a Psychologist or Psychiatrist, the person writing the plan must meet the QMRP level of qualification and it must be reviewed by the Psychologist or Psychiatrist. The signature of the Psychologist or Psychiatrist must be on the plan indicating that they have either written or reviewed the plan. In addition the Psychologist or Psychiatrist must have met with the person, conferred with the person's family if appropriate, guardian, and the person's support staff. The plan must be shared with the consumer, guardian, and case manager. The plan must include a method for gathering data, and monitoring in all areas where the behavioral plan will be implemented.
 - b. The Psychologist or Psychiatrist will monitor the plan at least quarterly.
3. Copies of the Provider Agency Behavior Management Policy*

(* Note: If an agency policy has been previously submitted and it is current, please refer to the specific previous submission.)

This policy must provide guidance in regard to agency and state regulations, the process for developing behavioral plans, gathering data, and monitoring.

This policy must include procedures to verify that all staff at all sites are trained on implementation of the individual behavioral plan. Training should be reviewed and approved by the agency Q.M.R.P., Quality Assurance Professional, or similar position.
4. Evidence that training of all staff who will implement the plan has been completed.

5. Quarterly Reports

For applications requesting a re-authorization, all quarterly reports must be included.

Review Process:

Reviews will be completed within **30 Calendar Days** from the time of the application arriving at the regional office

Materials (packets) will be submitted for review and approval to the Behavioral Add-Ons Committee as follows:

1. All packets will be sent to the Incident Data Specialist (IDS) who will date stamp the application and send it to the appropriate Case Manager in the Regional Office.
2. The Case Manager will review the packets to assure they are complete and represent the team's decision. If they do, within five working days of receipt, the Case Manager will sign and return the packet to the IDS who will then forward the packet to the Behavioral Add-Ons Committee. If the packet is not complete it will be returned to the provider with a request for specific additional information.
3. The Behavioral Add-Ons Review Committee will review the material at the next scheduled session and do one of the following:
 - a. **Approve.**
Approve using a standard form that will identify the length of time for approval and any other areas of feedback. This approval form with the packet will be returned to the Resource Coordinator for allocation and notification of approval to the provider and case manager. The authorization for the approved add-on will be effective based on the date of the submission of the application.
 - b. **Not approve.**
Not approve using a standard form with reasons for not approving. The Review Team will send written notification to the Provider.
 - c. **Hold.**
Hold with a request for further information or clarification. The Review Team will send written notification to the Provider with further instructions.

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